	Office Use Of	nly: SS:	<i>CK</i> #:	WL#:	OD:				
(818) 677-2	(818) 677-2012 AS/CSUN Children's Center fax (818) 677-6796 18111 Nordhoff St. Northridge, CA 91330-8278 www.csun.edu/as/childrens-center								
Registration Form for Full Cost Center Waiting List									
Child's Nam	e:								
	Last			First	M.I.				
Birthday/Due Date: Child's Sex:									
Applicant P	arent Name: _	Last		Fir	st				
Status (check one): Student CSUN Alumni Faculty/Staff Community Member									
Student ID Number (CSUNstudent/Alumni):									
Second Parent's Name:									
Status (check one): Student CSUN Alumni Faculty/Staff Community Member									
Student ID Number (CSUNstudent/Alumni):									
Requested Schedule: (see other side for possible schedules)									
	🗂 .		EMESTE						
	FALL S Monday	PRING Tuesday	SUMMER Wednesday	C YEA	R: Friday				
	In:	In:	In:	In:	In:				
	Out:	Out:	Out:	Out:	Out:				
Parent Signature					Date				
	_								
Home Add	Iress: Street			City	Zip Code				
Cell Phone	e:		Email:						
Home Pho	ne:		Busines	Business Phone:					

*How did you find out about our program:*CSUN Website Advertisement Flyer Community Event Word of Mouth Other:

Arrival and Departure Times

Please refer to the information below in planning your child's schedule of attendance:

Arrival Times:

Departure Times:

7:30 AM 8:00 AM 8:30 AM 9:00 AM 9:30 AM ←(last morning arrival time)

12:30 PM 1:30 PM 2:00 PM 2:30 PM 3:00 PM 3:30 PM 4:00 PM 4:30 PM 5:00 PM 5:30 PM

*There is a *non-refundable* \$25 waiting list fee for *each* waiting list application.

*Children *must* attend at least twice a week for a minimum of ten hours per week in order to benefit from the developmental program.

*Children *must* arrive no later than **9:30 a.m.** to allow the child to fully participate in the development curriculum.

Date:	Time:	Message:	Staff Initial:

FOR OFFICE USE ONLY: